



Secretary of State
State Capitol
500 E. Capitol Ave.
Pierre SD 57501
Phone 605-773-4845
Fax 605-773-4550

Application for Amended Certificate of Authority

Pursuant to the provisions of SDCL 47-8-22, the undersigned corporation hereby applies for an amended Certificate of Authority to transact business in the State of South Dakota and for that purpose submits the following statement:

(1) The name of the corporation is (exact corporate name) _____

(2) The name of the corporation as amended is _____

(3) State where incorporated _____ Federal Taxpayer ID# _____

(4) The date of its incorporation is _____
and the period of its duration is _____

(5) The address of its principal office in the state or country under the laws of which it is incorporated is _____
Zip Code _____

mailing address if different from above is: _____
Zip Code _____

(6) The street address, or a statement that there is no street address, of its proposed registered office in the State of South Dakota is _____
Zip Code _____

and the name of its proposed registered agent in the State of South Dakota at that address is _____

(7) The purposes which it proposes to pursue in the transaction of business in the State of South Dakota are:

(8) The names and respective addresses of its directors and officers are:

Name	Officer Title	Street Address	City	State	Zip
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(9) The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class is:

Number of shares	Class	Series	Par value per share or statement that shares are without par value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(10) The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of shares	Class	Series	Par value per share or statement that shares are without par value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(11) The amount of its stated capital is \$ _____

(12) This application is accompanied by a CERTIFICATE OF FACT or a CERTIFICATE OF GOOD STANDING duly acknowledged by the Secretary of State or other officer having custody of corporate records in the state or country under whose laws it is incorporated.

(13) That such corporation shall not directly or indirectly combine or make any contract with any incorporated company, foreign or domestic, through their stockholders or the trustees or assigns of such stockholders, or with any copartnership or association of persons, or in any manner whatever to fix the prices, limit the production or regulate the transportation of any product or commodity so as to prevent competition in such prices, production or transportation or to establish excessive prices therefor.

(14) That such corporation, as a consideration of its being permitted to begin or continue doing business within the State of South Dakota, will comply with all the laws of the said State with regard to foreign corporations.

The application must be signed, in the presence of a notary public, by the chairman of the board of directors, or by the president or by another officer.

I DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY THAT THIS APPLICATION IS IN ALL THINGS, TRUE AND CORRECT.

Dated _____

(Signature)

STATE OF _____
COUNTY OF _____

(Title)

I, _____, a notary public, do hereby certify that on this _____ day of _____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires

(Notary Public)

Notarial Seal

FILING FEE: \$200

FILING INSTRUCTIONS:

A foreign corporation authorized to do or engage in business in this state shall procure an amended certificate of authority in the event it changes its corporate name or desires to pursue in this state other or additional purposes than those set forth in its prior application.

One **ORIGINAL** and One **COPY** of the application must be submitted.

The application must be accompanied by an original one page **CERTIFICATE OF FACT** or **NAME CHANGE** showing both the former name and the change to the new name. The certificate must be obtained from the Secretary of State in the state under whose laws it is incorporated.